SPARTA NURSING HOME

310	WEST	MAIN	STREET

SPARTA 54656 Ph	none:(608) 269-2132	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31	Days of Operation: 365	Highest Level License:	Skilled
Operate in Conjunction with Hos	spital? Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staff	fed (12/31/05): 30	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12	2/31/05): 30	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05	5: 13	Average Daily Census:	26

Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)				
Primary Diagnosis	8	Age Groups 	* 	   Less Than 1 Year   1 - 4 Years	15.4 76.9
Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	7.7
Mental Illness (Org./Psy)	7.7	65 - 74	0.0		
Mental Illness (Other)	0.0	75 – 84	23.1	İ	100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	69.2		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.7	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Res	idents
Fractures	0.0		100.0	(12/31/05)	
Cardiovascular	0.0	65 & Over	100.0		
Cerebrovascular	7.7			RNs	23.2
Diabetes	0.0	Gender	%	LPNs	17.3
Respiratory	0.0			Nursing Assistants,	
Other Medical Conditions	84.6	Male	7.7	Aides, & Orderlies	50.8
		Female	92.3	İ	
	100.0			į	
		İ	100.0	į	

## Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	10	90.9	132	0	0.0	0	2	100.0	175	0	0.0	0	0	0.0	0	12	92.3
Intermediate				1	9.1	108	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	7.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Ir	nj O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		11	100.0		0	0.0		2	100.0		0	0.0		0	0.0		13	100.0

Facility ID: 8480 County: Monroe Page 2 SPARTA NURSING HOME

Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05									
Deaths During Reporting Period		% Needing									
Percent Admissions from:		Activities of	%		sistance of	% Totally 1	Total Number of				
Private Home/No Home Health	15.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent I	Residents				
Private Home/With Home Health	0.0	Bathing	23.1		76.9	0.0	13				
Other Nursing Homes	0.0	Dressing	23.1		76.9	0.0	13				
Acute Care Hospitals	61.5	Transferring	15.4		84.6	0.0	13				
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.4		84.6	0.0	13				
Rehabilitation Hospitals	0.0	Eating	100.0		0.0	0.0	13				
Other Locations	23.1	******	******	*****	*****	******	******				
Total Number of Admissions	26	Continence		8	Special Trea	tments	8				
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving	Respiratory Care	15.4				
Private Home/No Home Health	33.3	Occ/Freq. Incontinen	t of Bladder	53.8	Receiving	Tracheostomy Care	0.0				
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	23.1	Receiving	Suctioning	0.0				
Other Nursing Homes	19.0	į			Receiving	Ostomy Care	0.0				
Acute Care Hospitals	0.0	Mobility			Receiving	Tube Feeding	0.0				
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	7.7	Receiving	Mechanically Altered Diets	23.1				
Rehabilitation Hospitals	0.0	<u> </u>				_					
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics					
Deaths	47.6	With Pressure Sores		0.0	Have Advan	ce Directives	100.0				
Total Number of Discharges		With Rashes		0.0	Medications						
(Including Deaths)	42	İ			Receiving	Psychoactive Drugs	84.6				

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

	This	Other Hospital- Based Facilities		I	All
	Facility			Faci	lties
	%	8	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.7	90.0	0.96	88.1	0.98
Current Residents from In-County	92.3	84.8	1.09	77.6	1.19
Admissions from In-County, Still Residing	7.7	14.1	0.55	18.1	0.42
Admissions/Average Daily Census	100.0	216.7	0.46	162.3	0.62
Discharges/Average Daily Census	161.5	218.8	0.74	165.1	0.98
Discharges To Private Residence/Average Daily Census	53.8	119.6	0.45	74.8	0.72
Residents Receiving Skilled Care	92.3	97.7	0.94	92.1	1.00
Residents Aged 65 and Older	100.0	89.6	1.12	88.4	1.13
Title 19 (Medicaid) Funded Residents	84.6	66.3	1.28	65.3	1.30
Private Pay Funded Residents	15.4	20.2	0.76	20.2	0.76
Developmentally Disabled Residents	0.0	1.4	0.00	5.0	0.00
Mentally Ill Residents	7.7	32.3	0.24	32.9	0.23
General Medical Service Residents	84.6	23.2	3.64	22.8	3.72
Impaired ADL (Mean)*	33.8	49.3	0.69	49.2	0.69
Psychological Problems	84.6	58.3	1.45	58.5	1.45
Nursing Care Required (Mean)*	4.8	8.0	0.60	7.4	0.65